## **Consumer Complaint Form**



Form 801 (11/03)

**STOP:** Have you determined that your complaint is against a licensee regulated by the Department of Financial Institutions? Yes  $\square$  No  $\square$  (If no, refer to the Department Licensee List on our website <a href="http://www.dfi.ca.gov/directry/">http://www.dfi.ca.gov/directry/</a> to verify the institution is regulated by the Department of Financial Institution before proceeding.)

Please note: The Consumer Information Desk is unable to assist consumers with complaints against national banks, federal savings and loan associations or federal savings banks, federal credit unions, or mortgage banker/mortgage brokers. "Information on Who Regulates Your Financial Institution" is available on our website at <a href="http://www.dfi.ca.gov/consumer/who-regulates.asp">http://www.dfi.ca.gov/consumer/who-regulates.asp</a>.

## **Policies**

The Department of Financial Institutions is neither an advocate of the individual consumer nor of the licensee. The Department's role as part of this complaint process is to facilitate communication between the consumer and their financial institution. The Department facilitates this communication so that the consumer's concerns are heard by the appropriate official within their financial institution. The Department does not guarantee that that this process will result in the outcome for which the consumer seeks. Those complaints that reach an impasse may require the consumer to obtain their own private legal counsel.

## **Procedures**

Once your complaint is received, a copy of the complaint will be forwarded to the Consumer Complaints Administrator of your financial institution. The department asks that the financial institution respond to you within 20 working days (4 weeks) from the date your correspondence is forwarded to the financial institution. The institution is requested to respond to both you and the Department of Financial Institutions.

Instructions

	By submitting this form you agree that you have read the Notice of Individuals which accompanies this form and									
can be found at our webpage at <a href="http://www.dfi.ca.gov/forms/">http://www.dfi.ca.gov/forms/</a> .										
Please follow one of the methods for delivering your complaint as explained below. Please do not send any additional										
documentation, send only the complaint form. If additional information is required by the financial institution to resolve your										
complaint, they will contact you directly.										
Submit Electronically	Print and Submit via mail or fax									
Fill out the complaint form in its entirety. (Omission	Open the link and print the form.									
of information may delay the response to your										
complaint.)										
2. Save the form to your hard drive in a familiar location.	2. Fill out the complaint form in its entirety. (Ommission of									
Name the file something familiar like "DFI Complaint	information may delay response to your complaint.) Make a copy									
Form."	for your records. Send only the complaint form. If other									
	documents are required, your financial institution will request									
	them.									
Open your email account and click new email.	3. If filing by fax dial (916) 445-7643									
4. In the To: line of the new email, type	4. If filing by mail send to:									
consumer.complaint@dfi.ca.gov	Department of Financial Institutions									
	Consumer Services Desk									
	1810 13 <sup>th</sup> Street									
	Sacramento, CA 95814									
5. On the menu bar select insert file. Select the file you	5. Within the next 5-10 business days you will receive a									
named earlier.	confirmation letter indicating that DFI has received your									
0.00111.0007	complaint.									
6. Send the email.										
7. You will immediately receive a confirmation email										
indicating that the DFI has received your complaint.										

If you do not receive a response from your financial institution within 20 business days (4 weeks) please email us at consumer.complaint@dfi.ca.gov or if you are submitting your complaint via mail or fax call 1(800) 622-0620.

Consumer Information												
First Name: Last Name:												
Address:				City:				State:		Zip:		
Daytime /			Alternat	e /				Fox	( )	-		
Phone:			Phone:	,	)			Fax:	( )			
Email address:												
What is the best w	ay to	Day Ph	one 🗌	Altern	nate	phone 🗌		Mail 🗆		Email		
contact you?												
Licensee Information												
Institution name:				0:4				24 4		<b>-</b> :		
Address:	,											
Person(s) you dealt with:												
Date of transaction:												
Complaint type:	Check	c Cashing	g 🗌 C	onsum	er F	raud / Idei	ntity T	heft 🗆	Acco	ount charg	ges 🗆	
Mortgage Loans	l A	Automobi	le Loans			General (	Check	king / Sav	vings ac	count issu	ues 🗆	
Other:												
The following questions will assist in processing your complaint:												
1. Do you have an				stitutio	n?	Yes:			No: □			
If yes, what type o			cking 🗆	Sav	/ings	<b>3</b> 🗌	Loar	n Accoun	ıt 🗆	Other	. 🗌	
Name in which acc												
2. Have you alread						Yes:			No: □			
complaint with the											Ala ! a	
If no: Please contact your financial institution and attempt to resolve your complaint before sending this												
form.   If yes:   When?   Date:												
How? Phone:	20.00	In	n person:			Mail:	П		Ot	her:		
Did they respond t	יח אחוו?	11	i person. I									
Did they respond to you? Yes: □ No: □   Name of person that responded to you. First Last												
Address:	at respond	ca to yo	<b>u.</b> 1 110t	City:				State:		Zip:		
Contact telephone	number	( )		Oity.				otato.		<b>2</b> 10.		
Contact telephone		( )										
3. Have you filed a		with and	othor agor	10V2		V □			Na. 🗆	1		
If Yes, who?	Complaint	with and	otilei agei	icy :		Yes:			No:			
•	rivoto ottor	1001/ KODE	rocenting	vou in		V 🗆						
4. Do you have a private attorney representing you in this matter? Yes: □ No: □												
If yes, we can not submit your complaint. Complaints submitted by legal representation or that are in litigation												
are outside the scor	•	•	•			, ,					J	
Please provide brief	statement o	f informat	tion that m	ay help	you	ır Financia	al Inst	itution re	solve yo	our compl	aint.	
Please indicate what you feel would be a reasonable resolution to your complaint.												
I												